

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	L.F	1106	9/19/01
<b>RESPONSE FORMALITY REVIEW</b>	(M)	135	10/30

## INDEX OF CLAIMS

**Best Available Copy**

Rejected  
Allowed  
— (Through numeral)... Canceled  
÷ ..... Restricted

N ..... Non-elected  
I ..... Interference  
A ..... Appeal  
O ..... Objected

Claim	Date
Final	
Original	
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Claim	Date
Final	9/4
Original	0207
51	
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66	✓ ✓
67	✓ ✓
68	✓ ✓
69	✓ ✓
70	✓ ✓
71	✓ ✓
72	✓ ✓
73	✓
74	✓ ✓
75	✓ ✓
76	✓ ✓
77	✓ ✓
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Claim	Date
Final	
Original	
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